



Municipal Court Request for Transcript

Defendant Name: _____
Cases: _____
Charge _____
Dept/Judge _____
City Attorney _____
Defense Attorney _____
Date(s) Requested: _____
Date Trans. Need By: _____

- ☐ **APPEALS- An Original + 3 Copies**
☐ **NON-APPEAL-An Original + 1 Copy**
☐ **NON-APPEAL-An Original + 2 Copies**

Requesting Party
or Firm: _____
Address: _____
City/State/Zip: _____
Phone No: _____ Contact: _____

Transcripts are prepared by an outside agency. The Transcribing company will notify you of the charges and the payment process.

IF YOU HAVE ANY QUESTION PLEASE CONTACT 702-229-2157

FOR APPEALS CLERK ONLY

Request Received:	
Request Received by:	
Request Completed by:	
Defendant Notified:	Time: